

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/588839

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED Article 34		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		①				
7	1					
8		1				
9		2				
10		①				
11		①				
12		①				
13	1					
14		1				
15		1				
16		1				
17	1					
18		①				
19		①				
20		①				
21		①				
22		①				
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48						
49						
50						
TOTAL IND.	4	↓	0	↓	0	↓
TOTAL DEP.	23	←	0	←	0	←
TOTAL CLAIMS	27		0		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	